K111930

510(k) Summary

28 October 2011 Date:

Ackermann Instrumente GmbH Sponsor:

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Germany

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Contact Person: Rolf Ackermann

President

Proposed Trade

Name:

Europclip[®]

Device Classification Class II

Classification Name: Implantable clip, Haemostatic clip

Regulation: 878.4300 Device Product Code: FZP, MCH

Device Description: The Europclip is a chevron-shaped clip having a heart-shaped cross-

> section and transverse grooves across the inner surface of the clip. The clips are supplied sterile, available in four sizes and pre-loaded in

a disposable cartridge.

Intended Use: The Europclip is indicated for use in surgical procedures on vessels or

other tubular structures where a metal ligating clip is required. The device is intended to occlude the tubular structure by compression.

Materials: The Europclip is manufactured from commercially pure titanium as

described by ISO 5382-2.

Predicate Devices: Nexus Ligating Clips (K053255)

> Miltex Ligating Clips (K052018) Titanium Ligation Clip (K100090)

The Europclip functions in the same manner as the predicates to Performance Data:

occlude blood vessles.

Technological Characteristics: The Europclip possesses the same technological characteristics as

one or of the predicate devices. These include:

intended use (as described above)

basic design (chevron-shaped with heart-shaped cross-section),

material (titanium),

sizes (dimensions are comparable to those offered by the

predicate systems) and

The fundamental scientific technology of the Europclip is the same as previously cleared devices. Therefore the Europclip can be found

substantially equivalent to the predicate devices.



Food and Drug Administration 10903 New Hampshire Avenue Document Control Room --WO66-G609 Silver Spring, MD 20993-0002

Ackerman Instrumente GmbH % BackRoads Consulting, Inc. Karen E. Warden, PhD 8202 Sherman Road Chesterland, Ohio 44026-2141

NOV - 8 2011

Re: K111930

Trade/Device Name: Europclip®
Regulation Number: 21 CFR 878.4300
Regulation Name: Implantable clip

Regulatory Class: II Product Code: FZP, MCH Dated: October 28, 2011 Received: October 31, 2011

Dear Dr. Warden:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21)

CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

for Mark N. Melkerson

Director

Division of Surgical, Orthopedic and Restorative Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number (if know	n): K111930		
Device Name: Europoli	p _®		
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The Europclip⊛is indicated structures where a metal l tubular structure by compl	igating clip is required. Th		
Prescription Use X(Part 21 CFR 801 Subpart D	AND/OR	Over-The-Cour (21 CFR 80	nter Use 07 Subpart C)
(PLEASE DO NOT WR	ITE BELOW THIS LINE-CO	NTINUE ON ANOTHE	R PAGE IF NEEDED)
Cond	currence of CDRH, Office of	Device Evaluation (OD	Œ)
Division	Sign-Off) of Surgical, Orthopedic, torative Devices	MXM	Page 1 of